

State of California - Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-244-P Street
Sacramento, CA 95814

03/27/84
UNIFORM HAZARDOUS WASTE MANIFEST

Record
will
then
customer
copy
83494163

Please print or type with ELITE type (12 characters per inch).

Partial Ref: Shipper # 297359

STATE ID NUMBER

83494163

GENERATOR NAME AND MAILING ADDRESS

INTEGRATED NETWORKS
3185-G AIRWAY DRIVE
COSTA MESA, CA. 92626
AREA CODE/PHONE NUMBER 641-9250

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAX000055111

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.
12504 E. WHITTIER BLVD.
WHITTIER, CA. 90602

VEH/CONTAINER NO

EPA ID NUMBER

00042506CADD042245001

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER

213/698-0991

CADD042245001

PROPER U.S. D.O.T SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO TYPE

WASTE
CAT NO

DISP
METH

HAZARDOUS WASTE, LIQUID N.O.S
(5120)

NA9189

55

G

Q1DM21101

COMMENTS

CONC RANGE
UPPER LOWER

UNITS
% PPM

5120 solution
Solder Flux

MAY 08 1984

California Department
of Health Services
SACRAMENTO

RECEIVED

MAY 14 1984

Acc.....

SPECIAL HANDLING INSTRUCTIONS

yield 13.8 gals. waste 6.8 gals

Drum credit given
on shipper 297359
(Inv. 01783)

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature

Ray Allison

☐ Check if continuation sheet is used Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

Printed or typed full name and signature

Henry Schmidt

MO.

DAY

YR

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR

STEVE SIMPSON

CADD042245001

03

30

84